

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 180

Local Registrar's No. 6

1. PLACE OF BIRTH

County Pima

State

District or Township

or Village

City Hogback

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child Francisca Garcia

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY

4. Twin, triplet or other

6. Legitimate?

Female

In event of plural births.

5. No., in order of birth

1st

7. Date of birth Jan 25 1929
Month Day Year

8. FATHER

Full name Blas Garcia

9. Residence

(Usual place of birth)

If non-resident, give place and state.

Somburo Butte ARIZ

10. Color or race

Mex

11. Age at last birthday 10 (Years)

12. Birthplace (city or place)

(State or country)

Chihuahua Mexico

13. Occupation

Nature of industry

Miner

11. MOTHER

Full maiden name Juana Lara

15. Residence

(Usual place of birth)

If non-resident, give place and state.

Somburo Butte ARIZ

16. Color or race

Mex

17. Age at last birthday 36 (Years)

18. Birthplace (city or place)

(State or country)

Chihuahua Mex

19. Occupation

Nature of industry

House Wife

20. Number of children of this mother.

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at 5 A. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles R. Kuestner

Given name added from

a supplemental report

Month, day, year

Address Hayden, Arizona

(Physician or midwife)

671-125-131

Registrar

Filed Jan 26 1929

W. D. D. D.

Registrar